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## REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional) 5203-001REF

As a below named inventor, I hereby declare that:							
My residence, post office address and citizenship are stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first							
and joint inventor (if plural names are listed below) of the subject matter which is described and claimed							
in patent number <u>5,970,976</u> , granted <u>October 26, 1999</u> , and for which a							
reissue patent is sought on the invention entitled APPARATUS AND METHOD FOR GENERATING PRESSURE							
CHANGES IN A MAMMALIAN ORAL/THROAT CAVITY,							
the specification of which							
⊠ is attached hereto.							
was filed on as reissue application number /							
and was amended on  (If applicable)							
(If applicable)							
I have reviewed and understand the contents of the above identified specification, including the claims,							
as amended by any amendment referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in							
37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described							
below. (Check all boxes that apply.)							
by reason of a defective specification or drawing.							
by reason of a delective specification of drawing.							
☑ by reason of the patentee claiming more or less than he had the right to claim in the patent. More particularly, I claimed less literally than I had a right to claim in the patent; namely, by limiting all of the claims of the patent to the recitation of elements unnecessary to define the invention in a literal reading of its broadest aspects (although not believed to be so limiting under the doctrine of equivalents and other legal principals) and primarily by reason of the specific wording of claims 1, 4, 11 and 12 so as to recite that the method and apparatus of the invention is directed to "inducing pressure changes in a mouth <u>and</u> throat cavity" (emphasis supplied).							
by reason of other errors.							
At least one error upon which reissue is based is described as follows:							

[Page 1 of 2] Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. PTO/SB/51 (10-00)
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(REISSUE APPLICA		Destat Number (Ostlere)					
All errors corrected in this reissus application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.							
Name(s)	Registration						
Gordon K. Harris, Jr. 28615							
Correspondence Address: Direct all communications about the application to							
Customer Number	<del>27572</del> → *27572*						
OR	Type Customer Number her	re			41.	) 12	
Firm or Individual Name	Gordon K. Harris, Jr.						
Address	Harness, Dickey & Pierce, P.L.C						
Address	P. O Box 828					· · · · · · · · · · · · · · · · · · ·	
City	Bioomfield Hills	State	MI		ZIP	48303	
Country	USA						
Telephone	248-641-1600	Fax	248-641-0270				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punchable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such wilful false statements may peoperdize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.							
Full name of sole or first inventor (given name, family name) Hongwei Zhao							
Inventor's signature Hongwei Zhao							
Residence 977 Thompson Blvd., \ CANADA	Vindsor, Ontario NSS 2G7.	Date 17/10/2001					
Mailing Address Same as above	Citizenship People's Republic of China						
Full name of second joint inventor (given name, family name)							
Inventor's signature Date							
Residence	Crtizenship						
Mailing Address							
Full name of third joint inventor (given name, family name)							
Inventor's signature	Date						
Residence	Citizenship						
Mailing Address							
Additional joint inventors are named on separately numbered sheets attached hereto.							